

# American Express Corporate Purchasing Card eBill Enrollment Form

Company Information			
Company Name:	CID: 800504		
Recipient # 1			
User's Name:	Remit Number(s):		
Address:			
City:	State:	Zip:	
Phone:	Does this recipient currently have an @ Work ID? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please provide the @ Work User ID:	
Secret Phrase (20 characters or less, including spaces):			
Email Address:	Date of Birth (MM/DD):		
Recipient # 2			
User's Name:	Remit Number(s):		
Address:			
City:	State:	Zip:	
Phone:	Does this recipient currently have an @ Work ID? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please provide the @ Work User ID:	
Secret Phrase (20 characters or less, including spaces):			
Email Address:	Date of Birth (MM/DD):		
Recipient # 3			
User's Name:	Remit Number(s):		
Address:			
City:	State:	Zip:	
Phone:	Does this recipient currently have an @ Work ID? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please provide the @ Work User ID:	
Secret Phrase (20 characters or less, including spaces):			
Email Address:	Date of Birth (MM/DD):		

Your signature below confirms your Company's request to discontinue the delivery of paper statements by American Express in favor of receipt of online statements (the "CPC eBill") for the remittance accounts listed on this Request Form. You shall notify all Recipients of the conversion to CPC eBill. This document must be signed by an individual authorized to make decisions on behalf of the Company with regard to its Corporate Purchasing Card program.

Requester's Name and Title:

Requester's Email Address:

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax the completed and signed Request Form to Valerie Smith 804-225-3499